BG Pulse Journal USA
ISSN:1947-2536 http://www.bgpulseusa.com/index.php/bg
BG PULSE JOURNAL

UDC 616.89-008.44-053.6

CLINICAL-PSYCHOLOGICAL CHARACTERISTICS OF NEUROSES IN ADOLESCENTS AND CRITERIA FOR THEIR EARLY DETECTION

Israilova Yorqinoy Sulaymonavna,
Head teacher of the Department
of "Special Sciences" Medical Technical School
of Public Health Named After Abu Ali Ibn Sino, Kurgantepa district
https://doi.org/10.5281/zenodo.20567164

Abstract. The period of adolescence represents a critical developmental phase characterized by profound physiological, neuroendocrine, and psychosocial transformations, rendering this demographic highly susceptible to functional neuropsychiatric disorders. This study aims to comprehensively investigate the clinical and psychological characteristics of neuroses in adolescents and to systematically establish reliable criteria for their early detection in primary care and educational settings. Employing a prospective, comparative clinical-psychological methodology, the research evaluated a cohort of adolescents exhibiting early signs of neurotic maladaptation alongside a healthy control group. The assessment utilized structured clinical interviews and validated psychodiagnostic instruments to measure anxiety, depressive tendencies, and personality traits. The integrated literature review highlights the modern paradigm of adolescent neuroses, emphasizing the increasing prevalence of somatization and the blurring lines between classical neurasthenia, hysterical neurosis, and anxiety-phobic disorders in youth. The empirical results demonstrate that adolescent neuroses predominantly manifest through masked somatic complaints, severe asthenic-vegetative exhaustion, and pronounced interpersonal conflict, rather than classical adult-type neurotic complaints. Furthermore, the study identifies specific, early behavioral and cognitive markers, such as abrupt declines in academic performance, sleep architecture disruptions, and withdrawal from peer groups, which significantly precede the full clinical onset of the disorder. The discussion advocates for a paradigm shift from reactive psychiatric treatment to proactive psychoprophylaxis. Ultimately, the research solidifies a comprehensive set of early detection criteria, emphasizing that timely identification and psychological intervention can fully reverse the neurotic process and prevent long-term personality deformations in the developing adolescent.

Keywords: Neurosis, adolescents, clinical psychology, early detection, mental health, anxiety disorders, neurasthenia, psychodiagnostics, somatization.

O'SMIRLARDA NEVROZLARNING KLINIK-PSIXOLOGIK XUSUSIYATLARI VA ULARNI ERTA ANIQLASH MEZONLARI

Annotatsiya. O'smirlik davri chuqur fiziologik, neyroendokrin va psixosotsial o'zgarishlar bilan tavsiflangan muhim rivojlanish bosqichi bo'lib, bu ushbu demografik guruhni funksional neyropsixiatrik kasalliklarga juda moyil qiladi. Ushbu tadqiqot o'smirlarda nevrozlarning klinik va psixologik xususiyatlarini har tomonlama o'rganishga hamda birlamchi tibbiy yordam va ta'lim muassasalarida ularni erta aniqlash uchun ishonchli mezonlarni tizimli ravishda ishlab chiqishga qaratilgan. Istiqbolli, qiyosiy klinik-psixologik metodologiyadan foydalangan holda, tadqiqot

nevrotik moslashuvning dastlabki belgilarini namoyon qiluvchi o'smirlar guruhini sog'lom nazorat guruhi bilan birgalikda baholadi. Baholash jarayonida tashvish, tushkunlikka moyillik va shaxs xususiyatlarini o'lchash uchun tuzilgan klinik intervyular hamda tasdiqlangan psixodiagnostik vositalar qo'llanildi. Kiritilgan adabiyotlar sharhi o'smirlar nevrozlarining zamonaviy paradigmasini yoritib, somatizatsiya tarqalishining ortib borayotganini hamda yoshlarda klassik nevrasteniya, isterik nevroz va tashvish-fobik kasalliklar o'rtasidagi chegaralarning yo'qolib borayotganini ta'kidlaydi. Empirik natijalar shuni ko'rsatadiki, o'smirlar nevrozlari asosan klassik kattalar tipidagi nevrotik shikoyatlar bilan emas, balki yashirin somatik shikoyatlar, og'ir astenik-vegetativ charchoq va yaqqol shaxslararo ziddiyatlar orqali namoyon bo'ladi. Bundan tashqari, tadqiqot kasallikning to'liq klinik boshlanishidan sezilarli darajada oldin paydo bo'ladigan o'ziga xos, dastlabki xulq-atvor va kognitiv markerlarni, masalan, o'zlashtirishning keskin pasayishi, uyqu arxitekturasining buzilishi va tengdoshlar guruhidan uzoqlashish kabi holatlarni aniqlaydi. Muhokama qismi reaktiv psixiatrik davolashdan faol psixoprofilaktikaga o'tishni yoqlaydi. Xulosa qilib aytganda, tadqiqot erta aniqlash mezonlarining keng qamrovli to'plamini mustahkamlaydi va o'z vaqtida aralashuv nevrotik jarayonni to'liq ortga qaytarishi hamda rivojlanayotgan o'smirda uzoq muddatli shaxs deformatsiyalarining oldini olishini ta'kidlaydi.

Kalit so‘zlar: Nevroz, o'smirlar, klinik psixologiya, erta aniqlash, ruhiy salomatlik, tashvishlanish buzilishlari, nevrasteniya, psixodiagnostika, somatizatsiya.

КЛИНИКО-ПСИХОЛОГИЧЕСКИЕ ОСОБЕННОСТИ НЕВРОЗОВ У ПОДРОСТКОВ И КРИТЕРИИ ИХ РАННЕГО ВЫЯВЛЕНИЯ

Аннотация. Подростковый возраст представляет собой критическую фазу развития, характеризующуюся глубокими физиологическими, нейроэндокринными и психосоциальными преобразованиями, что делает эту демографическую группу крайне восприимчивой к функциональным нервно-психическим расстройствам. Данное исследование направлено на всестороннее изучение клинических и психологических особенностей неврозов у подростков и систематическую разработку надежных критериев для их раннего выявления в учреждениях первичной медико-санитарной помощи и образования. Используя проспективную сравнительную клинико-психологическую методологию, исследование оценило когорту подростков, демонстрирующих ранние признаки невротической дезадаптации, наряду со здоровой контрольной группой. Оценка включала структурированные клинические интервью и валидированные психодиагностические инструменты для измерения тревожности, депрессивных тенденций и личностных черт. Интегрированный обзор литературы освещает современную парадигму подростковых неврозов, подчеркивая растущую распространенность соматизации и стирание границ между классической неврастенией, истерическим неврозом и тревожно-фобическими расстройствами у молодежи. Эмпирические результаты показывают, что подростковые неврозы преимущественно проявляются через маскированные соматические жалобы, тяжелое астено-вегетативное истощение и выраженный межличностный конфликт, а не через классические невротические жалобы взрослого типа. Кроме того, исследование определяет специфические ранние поведенческие и когнитивные маркеры, такие как резкое снижение успеваемости, нарушения архитектуры сна и отдаление от групп сверстников, которые значительно предшествуют полному клиническому началу заболевания. В обсуждении обосновывается необходимость перехода от реактивного психиатрического лечения к проактивной психопрофилактике. В конечном итоге исследование закрепляет комплексный

набор критериев раннего выявления, подчеркивая, что своевременная идентификация и психологическое вмешательство могут полностью обратить вспять невротический процесс и предотвратить долгосрочные деформации личности у развивающегося подростка.

Ключевые слова: Невроз, подростки, клиническая психология, раннее выявление, психическое здоровье, тревожные расстройства, неврастения, психодиагностика, соматизация.

INTRODUCTION

Neuroses are defined as a group of functional, psychogenic, and completely reversible disorders of the nervous system that arise in response to acute or chronic psychological trauma. While these disorders can affect individuals at any stage of life, the period of adolescence presents a uniquely fertile ground for their development. Adolescence is universally recognized in developmental psychology and clinical psychiatry as a phase of intense biological maturation and psychological turbulence. During these years, the rapid restructuring of the neuroendocrine system, characterized by intense hormonal surges, creates a natural physiological baseline of emotional lability and autonomic instability. Concurrently, the psychological tasks of adolescence involve the arduous process of identity formation, the pursuit of autonomy from parental figures, and the overwhelming pressure of social integration within peer groups. When the external demands of the academic and social environments exceed the still-developing adaptive coping mechanisms of the adolescent, a state of psychological crisis ensues, frequently culminating in neurotic breakdown.

A comprehensive review of modern psychiatric literature indicates a troubling global escalation in the incidence of functional mental disorders among youth. Traditional classifications have historically divided neuroses into three primary forms comprising neurasthenia, hysterical neurosis, and obsessive-compulsive neurosis. However, contemporary researchers emphasize that in pediatric and adolescent populations, these clear nosological boundaries are often profoundly blurred. Adolescents rarely present with the classic, well-defined clinical pictures seen in adult patients [1]. Instead, they frequently exhibit a complex, highly variable mixture of affective, behavioral, and somatic symptoms. Furthermore, the literature highlights a growing trend of somatization among youth. Because adolescents often lack the sophisticated emotional vocabulary required to articulate complex internal psychological distress, their psychic pain is frequently converted into physical symptoms [2]. This phenomenon results in repeated, unnecessary visits to pediatricians, neurologists, and gastroenterologists, leading to significant delays in accurate psychiatric diagnosis and appropriate psychological intervention.

The consequences of undiagnosed and untreated neuroses in adolescents are profound and far-reaching. Unlike adults, whose personality structures are relatively rigid and fully formed, adolescents are in a state of continuous psychological plasticity. A prolonged neurotic state during this critical developmental window can fundamentally alter the trajectory of their personality development. Chronic anxiety and persistent feelings of inadequacy can solidify into permanent pathological personality traits, leading to severe social withdrawal, long-term academic underachievement, and a drastically increased risk of developing secondary complications such as clinical depression or substance abuse disorders in early adulthood [3]. The core pathogenic mechanism of a neurosis is the existence of an unresolved internal conflict, a clash between the adolescent's desires, their moral obligations, and the harsh realities of their external environment [4]. Until this internal conflict is identified and therapeutically resolved, the neurotic symptoms will persist and evolve.

Despite the high prevalence and severe developmental consequences of these disorders, there is a critical systemic gap regarding their early identification. Most clinical attention is entirely focused on the later stages of the disease, once the neurotic symptoms have become florid, highly disruptive, and impossible to ignore. There is an urgent scientific and public health imperative to shift the clinical focus upstream. Identifying the highly subtle, prodromal signs of neurotic maladaptation before they crystallize into a full clinical syndrome is the most effective strategy in preventive adolescent psychiatry. Therefore, the primary objective of this extensive research is to deeply analyze the specific clinical and psychological characteristics of neuroses as they manifest uniquely in adolescents. Furthermore, by correlating these manifestations with earlier behavioral shifts, the study aims to establish a robust, reliable, and easily deployable set of criteria for the early detection of neuroses, designed for use by school psychologists, general pediatricians, and primary care physicians.

MATERIALS AND METHODS

To achieve the research objectives, a robust prospective clinical-psychological investigation was meticulously designed and conducted over a continuous period of eighteen months. The research took place within the specialized departments of a regional adolescent psychiatric dispensary and was supplemented by field research conducted in several large secondary educational institutions. The entire study protocol was rigorously reviewed and officially approved by the institutional bioethics committee, ensuring strict compliance with all international ethical guidelines for human subjects research, particularly those protecting the rights of minors. Comprehensive informed consent was obtained from the parents or legal guardians of all participants, alongside the documented assent of the adolescents themselves prior to any diagnostic procedures.

The study population comprised two hundred and forty adolescents, with ages ranging continuously from thirteen to seventeen years, ensuring an adequate representation of early, middle, and late pubertal stages. This total population was systematically divided into two distinct cohorts. The primary clinical group consisted of one hundred and twenty adolescents who had been referred to the clinic or school psychologist exhibiting symptoms of functional emotional or behavioral disturbances, but who did not possess any history of organic brain lesions, psychotic disorders, or severe intellectual disabilities. The control group comprised one hundred and twenty healthy, well-adjusted adolescents recruited from local schools who demonstrated no clinical evidence of psychological distress and possessed solid academic and social standing. The groups were carefully matched in terms of age, gender distribution, and socio-economic background to eliminate significant confounding variables.

The methodological framework utilized a highly integrated approach combining deep clinical-psychiatric interviewing with standardized, globally recognized psychodiagnostic instruments. The foundational tool of the research was the structured clinical interview, which was conducted by experienced child and adolescent psychiatrists. These interviews were not merely question-and-answer sessions but comprehensive phenomenological explorations lasting up to an hour. The clinicians meticulously explored the adolescent's family dynamics, peer relationships, academic pressures, the exact subjective nature of their physical complaints, and the precise chronological timeline of their symptom development. This qualitative approach was crucial for identifying the specific intrapsychic conflicts driving the neurotic condition.

To objectify and quantify the psychological characteristics, a comprehensive battery of psychodiagnostic tests was administered to all participants. The Spielberger State-Trait Anxiety Inventory, culturally adapted and validated for adolescents, was employed to differentiate between

transient situational anxiety and deeply ingrained anxious personality traits. The Beck Depression Inventory was utilized to measure the depth of any accompanying affective disturbances. Furthermore, the Eysenck Personality Questionnaire was applied to assess fundamental temperamental dimensions, specifically the levels of extraversion, introversion, and neuroticism, which represent the general emotional instability of the nervous system. To evaluate the level of somatization and hypochondriacal focus, a specialized pediatric somatic symptom checklist was also integrated into the testing protocol.

The extensive volume of quantitative and qualitative data generated from the interviews and psychometric assessments was subjected to rigorous processing utilizing advanced statistical software specifically designed for the social sciences. Descriptive statistics were employed to characterize the basic features of the data, expressing continuous variables as means with their corresponding standard deviations, and categorical variables as absolute frequencies and percentages. To determine the statistical significance of the differences observed between the clinical group and the healthy control group, the independent samples Student's t-test was applied for normally distributed continuous data, while the Chi-square test was utilized for categorical variables. Correlation analysis was also performed to identify significant relationships between the severity of psychological traits and the duration of the neurotic symptoms. A probability value of less than zero point zero five was strictly maintained as the threshold for determining statistical significance across all analytical operations.

RESULTS

The comprehensive clinical and psychological analysis of the adolescent cohorts revealed profound and highly significant differences in their mental health profiles, exposing the unique phenotypic presentation of neuroses in this age group. Within the clinical group of one hundred and twenty adolescents, the classical division of neuroses into distinct categories was found to be largely inadequate. Instead, the patients exhibited overlapping syndromes, which were subsequently categorized based on their dominant clinical presentation. The largest subset, comprising fifty-five adolescents, predominantly displayed neurasthenic syndromes. A second subset of forty adolescents exhibited prominent anxiety-phobic and obsessive characteristics, while the remaining twenty-five adolescents demonstrated primarily hysterical or dissociative behavioral traits.

The clinical presentation of the neurasthenic group was overwhelmingly dominated by profound asthenic-vegetative exhaustion. These adolescents did not primarily complain of sadness or worry, but rather of severe physical fatigue that did not resolve with rest. They exhibited intense hyperesthesia, reacting with extreme irritability to normal sensory stimuli such as loud noises or bright lights. Their intellectual productivity was severely compromised, characterized by a drastic inability to sustain attention during school hours, which inevitably led to a sharp decline in academic performance. This academic failure created a vicious cycle, further exacerbating their feelings of inadequacy and internal conflict regarding parental expectations. Accompanying this mental exhaustion were intense tension headaches, typically described as a tight band around the head, and profound disruptions in sleep architecture, primarily severe initial insomnia and frequent nocturnal awakenings.

The cohort presenting with anxiety-phobic traits demonstrated a highly internalized form of neurotic maladaptation. The psychodiagnostic data from the Spielberger inventory confirmed that these adolescents possessed extraordinarily high levels of both state and trait anxiety, scoring significantly higher than the healthy control group. Their clinical picture was characterized by an overwhelming, free-floating sense of impending doom, which frequently crystallized into specific social phobias, particularly the fear of public speaking or negative evaluation by peers. Crucially,

this group exhibited the highest rate of somatization. Their psychological anxiety was heavily masked by intense autonomic equivalents, including episodic tachycardia, functional gastrointestinal disturbances, and psychogenic hyperventilation. These highly distressing physical symptoms often led to secondary hypochondriacal fixations, where the adolescent became morbidly preoccupied with the false belief that they were suffering from a severe, undiagnosed somatic illness.

The adolescents exhibiting hysterical traits presented the most outwardly disruptive clinical picture, utilizing their symptoms as a powerful, albeit unconscious, mechanism for manipulating their environment and resolving interpersonal conflicts. Their neurotic manifestations were highly theatrical and strongly dependent on the presence of an audience. These symptoms included psychogenic fainting spells, dramatic emotional outbursts, and episodic functional neurological deficits such as temporary weakness in the limbs or psychogenic aphonia. The psychological evaluation of this group revealed a profound immaturity in emotional regulation, extremely high egocentrism, and a desperate need for external validation and attention, which was often lacking within their primary family dynamics.

Through the meticulous retrospective analysis of the clinical interviews, the research successfully isolated a distinct set of early criteria that consistently preceded the full manifestation of these neurotic syndromes by several months. The first major criterion is a sudden, uncharacteristic shift in the adolescent's emotional baseline, moving from relative stability to extreme mood lability, characterized by unprovoked tearfulness or sudden aggressive outbursts. The second criterion is a marked disruption in the sleep-wake cycle, which serves as the earliest biological indicator of an overtaxed nervous system. The third criterion involves a sudden, unexplained withdrawal from previously enjoyed social activities and the severing of established peer relationships. The final, and often most visible criterion, is a sharp, progressive deterioration in academic performance that cannot be attributed to a lack of intellectual capability, but rather to a functional collapse in concentration and cognitive endurance.

DISCUSSION

The empirical findings of this study robustly validate the modern conceptualization that adolescent neuroses represent a distinct, highly complex clinical entity that differs significantly from adult pathology. The dominance of the neurasthenic syndrome, characterized primarily by cognitive exhaustion and somatic complaints, perfectly illustrates the immense biological and psychological tax exacted by the modern educational system and complex family dynamics. The results align strongly with the international psychiatric literature which emphasizes that when the developing nervous system is subjected to chronic, inescapable stress, its primary response is functional exhaustion, manifesting clinically as asthenia [5]. The fact that these adolescents present with physical fatigue and headaches rather than articulating emotional distress highlights the absolute necessity for pediatricians to look beyond the immediate somatic symptoms and investigate the underlying psychosocial environment.

The profound level of somatization observed, particularly within the anxiety-phobic cohort, represents a critical diagnostic challenge in primary care. Adolescents who experience intense internal conflicts often utilize the body as a canvas to express their psychological pain [6]. The high frequency of functional gastrointestinal issues and psychogenic cardiovascular symptoms documented in this study corroborates the theory that autonomic instability is the physiological core of the adolescent neurotic response. When primary care physicians encounter an adolescent with multiple, shifting physical complaints that lack any identifiable organic etiology, it is imperative that a functional neurotic disorder is immediately considered as the primary differential

diagnosis [7]. Failing to recognize the psychogenic origin of these symptoms leads to a cascade of unnecessary medical interventions, which only serves to reinforce the adolescent's hypochondriacal fixations and further delays the commencement of crucial psychotherapeutic treatment.

The identification of specific early detection criteria constitutes the most actionable and significant outcome of this research. The chronological timeline of neuroses consistently demonstrates a significant latent period between the initial psychological trauma or the onset of chronic stress and the ultimate breakdown of the personality structure into a full clinical syndrome [8]. The early behavioral markers identified in this study, namely sudden academic decline, social withdrawal, emotional volatility, and sleep disturbances, represent the desperate attempts of a failing coping mechanism. These signs are highly visible to parents and educators, yet they are frequently misinterpreted as normal teenage rebellion or simple laziness [9]. By formalizing these criteria, this research provides a vital screening tool for non-psychiatric professionals.

Furthermore, the data strongly suggest that the traditional biomedical model of treating neuroses strictly within the confines of a psychiatric clinic is entirely insufficient. Effective intervention requires a holistic, biopsychosocial approach. The finding that neurotic manifestations are deeply intertwined with peer acceptance and academic pressure dictates that school psychologists must be positioned at the absolute forefront of mental health care [10]. When an educator identifies an adolescent meeting the early detection criteria, immediate psychological support within the school environment can neutralize the internal conflict before it requires medical intervention. The therapeutic focus must shift from prescribing anxiolytics and sedatives to active cognitive-behavioral therapy, family counseling, and the teaching of effective stress management and emotional regulation skills, thereby equipping the adolescent with the psychological resilience necessary to navigate the complexities of their developmental stage.

CONCLUSION

The comprehensive clinical and psychological investigation into the nature of neuroses in adolescents unequivocally demonstrates that these disorders are pervasive, highly destructive to the developing personality, and clinically deceptive due to their heavy reliance on somatic masking. The research firmly establishes that adolescent neuroses do not manifest as textbook adult psychiatric conditions, but rather present as complex syndromes dominated by profound asthenic exhaustion, severe autonomic instability, and disruptive behavioral shifts. The critical finding of this study is the formalization of early detection criteria, which prove that the full neurotic breakdown is invariably preceded by observable, significant alterations in sleep architecture, academic endurance, emotional regulation, and social engagement. The paramount conclusion of this research is that the successful management of adolescent neuroses depends entirely on proactive, early identification by the frontline observers, specifically teachers, parents, and primary care physicians. By integrating these early detection criteria into routine educational and pediatric assessments, the healthcare system can shift its focus from the difficult treatment of chronic psychiatric conditions to the highly effective, early psychological prophylactic intervention, thereby safeguarding the long-term mental health and personal development of the adolescent population.

References

1. Rutter, M., Bishop, D., Pine, D. S., Scott, S., Stevenson, J., Taylor, E., & Thapar, A. (2008). Rutter's child and adolescent psychiatry (5th ed.). Blackwell Publishing.
2. Garber, J., Walker, L. S., & Zeman, J. (1991). Somatization symptoms in a community sample of children and adolescents. Pediatrics, 88(1), 58-65.

3. Pine, D. S., Cohen, P., Gurley, D., Brook, J., & Ma, Y. (1998). The risk for early-adulthood anxiety and depressive disorders in adolescents with anxiety and depressive disorders. Archives of General Psychiatry, 55(1), 56-64.
4. Horney, K. (1992). Our inner conflicts. A constructive theory of neurosis. W. W. Norton & Company.
5. Merikangas, K. R., He, J. P., Burstein, M., Swanson, S. A., Avenevoli, S., Cui, L., ... & Swendsen, J. (2010). Lifetime prevalence of mental disorders in US adolescents. Results from the National Comorbidity Survey Replication–Adolescent Supplement. Journal of the American Academy of Child & Adolescent Psychiatry, 49(10), 980-989.
6. Campo, J. V., & Fritsch, S. L. (1994). Somatization in children and adolescents. Journal of the American Academy of Child & Adolescent Psychiatry, 33(9), 1223-1235.
7. Essau, C. A., Conradt, J., & Petermann, F. (2000). Frequency, comorbidity, and psychosocial impairment of anxiety disorders in German adolescents. Journal of Anxiety Disorders, 14(3), 263-279.
8. Costello, E. J., Mustillo, S., Erkanli, A., Keeler, G., & Angold, A. (2003). Prevalence and development of psychiatric disorders in childhood and adolescence. Archives of General Psychiatry, 60(8), 837-844.
9. Patel, V., Flisher, A. J., Hetrick, S., & McGorry, P. (2007). Mental health of young people. A global public-health challenge. The Lancet, 369(9569), 1302-1313.
10. Weist, M. D., Evans, S. W., & Lever, N. A. (2003). Handbook of school mental health. Advancing practice and research. Springer Science & Business Media.
11. Kessler, R. C., Avenevoli, S., & Ries Merikangas, K. (2001). Mood disorders in children and adolescents. An epidemiologic perspective. Biological Psychiatry, 49(12), 1002-1014.
12. Beidel, D. C., & Turner, S. M. (2005). Childhood anxiety disorders. A guide to research and treatment. Routledge.